

Request for Withdrawal from Highly Capable Services

Date: _____

Child's First Name: _____

Child's Last Name: _____

Child's School: _____

Child's Grade: _____

I would like to decline highly capable services for my child

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Completed form should be submitted to kwatson@manson.org or mail to: Keitlyn Watson, Manson Elementary School, P.O. Box A, Manson, Washington 98831